(b) if so, whether the delay in permission caused the delay in implementation of the projects;

(c) the number of such proposals received from the various States which are pending with the Railways for the last three years, particularly for the State of Gujarat; and

(d) by when these proposals would be cleared?

THE MINISTER OF RAILWAYS (SHRI LALU PRASAD): (a) Yes, Sir.

(b) Railways try their best to give permission expeditiously. The permission is given only if the proposal is complete, feasible & does not affect safety of trains, and only after the concerned party has deposited the required fees and met all the stated requirements. There may have been cases of delay. At Railway's end, a watch shall be kept that there is no delay.

(c) A total of 249 such proposals are pending over Indian Railways State-wise data is not maintained.

(d) Permissions will be granted expeditiously by Railways, subject to prescribed rules, and completing of all formalities by the parties/State Governments.

Reduction of maternal deaths

523. SHRIMATI PREMA CARIAPPA:
SHRMATI SHOBHANA BHARTIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that out of one lakh deliveries, 300 pregnant women die every year and with only an average of 16 point reduction in figure, India cannot reach its Millennium Development Goals of lowering the maternal deaths to 200 by 2007 and 109 by 2015;

(b) whether this conclusion is based on the study report released by Government in October, 2006;

(c) whether after receiving the report, strong Government policies would be required to meet the target; and

(d) if so, the steps Government propose to achieve the target set up by 2015?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (d) Based on the official estimates of Registrar General of India (RGI), emerging from the Sample Registration System conducted between 2001-2003 the Maternal Mortality Ratio (MMR) for India is 301 per 1,00,000 live births MMR for India and major states is given in the Statement (See below). As per the report released in October, 2006, by the office of Registar General of India, titled "Maternal Mortality in India: 1997—2003 Trends, Causes and Risk Factors" the overall average rate of MMR decline during the period 1997-2003 has been 16 points per year. At this rate of decline, as per the projection given by RGI it is expected that MMR would be in the range of 195—230 per 1,00,000 live births by the year 2012.

The National Population Policy 2000 and National Health Policy 2002 have set the goal of reducing MMR to less than 100 per 100,000 live births by the year 2010. The Government of India is already implementing programmes to achieve the goals of reduction in Maternal Mortality Ratio. Accordingly, schemes and programmes have been developed to provide basic health facilities especially in rural areas including those at the time of delivery.

Government of India has launched the National Rural Health Mission (NRHM) in the year 2005, with special emphasis on improving the health status of rural population throughout the country. Under the NRHM (2005-2012) and Reproductive and Child Health Programme Phase-ll (RCH-II) with the above goal in view, the GOI is strengthening services by implementation of the following key interventions:

- Janani Suraksha Yojana (JSY), a scheme to promote Institutional Delivery for reducing Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) by providing quality maternal care during pregnancy, delivery and immediate post-delivery period with appropriate referral transport system along with cash assistance to pregnant women with a special focus on Below Poverty Line (BPL) women. The scheme also covers SC/ST women delivering in the Govt. Health Institutions and accredited Private Institutions.

- Appointment of an Accredited Social Health Activist (ASHA) for every village with a population up to 1000. ASHA will facilitate in accessing of health care services by the community and will have specific responsibility of mobilizing pregnant women for ante-natal care, institutional delivery and post-natal check ups and immunization to children.

- Ensuring skilled attendance at every birth both in the community and the Institutions.

- Operationalizing Community Health Centers as First Referral Units (FRU) for providing Emergency Obstetric and Child Health Services. At present, as reported by the states 2153 FRUs are being made operational.

- Equipping 50% of Primary Health Centres for providing 24x7 delivery services by 2010. At present, as reported by the states 6550 PHCs are functioning for 24-hours delivery services including new-born care.

- Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities, which includes providing infrastructure, specialized man-power and equipments.

- Training of MBBS Doctors in Life Saving Anesthetic Skills for Emergency Obstetric Care at First Referral Unit.

- Training of MBBS Doctors in Emergency Obstetric Care including Caesarian Section. The programme is being carried out in partnership with Federation of Obstetrics and Gynecological Society of India. (FOGSI)

- Strengthening of sub-centres by providing untied fund of Rs. 10,000/- for utilizing at the sub-center to improve the service delivery. The fund shall be operated jointly by the Local Panchayat Representative and ANM.

- Organizing of Village Health & Nutrition Day at Anganwadi center atleast once in every month.

- To prevent anemia among pregnant and lactating women, one tablet of Iron and Folic Acid tablets (100 mg elemental iron) per day is given to all pregnant women for 100 days and two tablets oflronand FolicAcid per day to the pregnant women who show clinical signs of severe anemia for 100 days,

- Rogr Kalyan Samitis to be established in all CHCs/Sub Divisional hospitals and District Hospitals.

- 129 districts have functioning Mobile Medical Units for assisting emergencies including maternal care services.

- Strengthening of sub-centers by providing each with an untied fund of Rs. 10,000/- to improve service delivery.

Statement

Maternal Mortality Ratio

India and State-wise

(Source:RGI, (SRS), 1997-'98,1999-'01,2001-'03)

Major State	MMR (1997-98)	MMR (1999-01)	MMR (2001-03)
1	2	3	4
India Total*	398	327	301
Assam	568	398	490
Bihar/Jharkhand	531	400	•371
Madhya Pradesh/Chhattisgarh	441	407	379
Orissa	346	424	358
Rajasthan	508	501	445
Uttar Pradesh/Uttaranchal	606	539	517
Andhra Pradesh	197	220	195
Karnataka	245	266	228
Kerala	150	149	110

1	2	3	4
Tamil Nadu	131	167	134
Gujarat	46	202	172
Han/ana	136	176	162
Maharashtra	166	169	149
Punjab	280	177	178
West Bengal	303	218	194
Others	-	276	235

*Includes Others

Dependence on edible oil import

†*524. SHRI RAVI SHANKAR PRASAD:
SHRI RAJ MOHINDER SINGH MAJITHA:

Will the Minister of CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION be pleased to state:

(a) whether the attention of Government has been drawntowards the White Paper related to oilseeds sector released by the Solvent Extract on Association of India;

(b) if so, whether it is a fact that the increasing dependence of the country on import for supply of edible oils can cause further crisis; and

(c) if so, the reaction of Government thereon?

THE MINISTER OF CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION (SHRI SHARAD PAWAR): (a) Yes, Sir.

(b) No, Sir. Dependence on import of edible oils has declined from 42.56% in 2003-04 to 34.02% in 2005-06 of the total edible oil consumption in the country.

(c) Does not arise.

†Original notice of the question was received in Hindi.